**Annex B. Template of Application**

*<insert company letter head (for organisation)>*

<Insert Date>

<Insert Your Reference>

**To:**

**Cowater International Inc.**

**For Australian-Indonesia Partnership Towards an Inclusive Society (AIPTIS) / INKLUSI**

Jakarta, Indonesia

Email: procurement@INKLUSI.or.id

I/We, the undersigned, declare that:

1. I/We have read, understood and hereby accept the Terms of Reference describing the required service category and the terms and conditions of Standing Offer Arrangement (PANEL) for *the RECRUITMENT OF INKLUSI CONSULTANT SERVICES STANDING OFFER (PANEL) FOR GEDSI EXPERT – REFRESH Year 2025,*
2. and hereby confirm our interest to participate in through the submission of the quotation / proposal which is attached hereto.
3. My/Our proposal shall be valid for a period of 60 (sixty) days from the date of proposal submission, and it shall remain binding upon us and may be accepted at any time before the expiration of that period.
4. I/We understand that INKLUSI is not bound to accept the lowest evaluated proposal or any other proposal that it may receive.

|  |  |
| --- | --- |
| Signature:  |  |
| Name, Title:  |  |

Annexes:

1. Application Form
2. Financial Proposal
3. Company Profile
4. CV of consultant(s)
5. Examples of related works

APPLICATION FORM

INKLUSI CONSULTANT SERVICES STANDING OFFER (PANEL)

FOR GENDER EQUALITY, DISABILITY INCLUSION AND SOCIAL INCLUSION (GEDSI) EXPERT - REFRESH YEAR 2025

Service Category: GEDSI SUPPORT

*Please complete the form to apply.*

|  |  |
| --- | --- |
| **APPLICANT DETAILS** |  |
| Name of Applicant |  |
| Type of Entity *(Individual /Organization; profit / non-profit)*  | *(cross out the one which not applied)*[ Individual ] / [ Organization ]. [Organization for profit ] / [ non-profit ] |
| Registration / Identity Number  | *(Please fill in where applicable)*Identity Number (ID Card/Passport): …………………………………………………Business Registration / NIB / Deed of Establishment No.: …………………………………………………………………………………………….. |
| Contact Person | *(name & Title)* |
| Address |  |
| Email Address & website |  |
| Telephone / Mobile phone |  |
| **PROPOSED FOCUS AREA OF SERVICES** | *[Please select which service category(s) that applied to your knowledge, skills, experiences, and qualifications.]*

|  |  |
| --- | --- |
|   | * + - 1. Gender equality
 |
|  |  |
|  | * + - 1. Disability inclusion
 |
|  |  |
|  | * + - 1. Social inclusion
 |
|  |  |
|  | * + - 1. GEDSI Planning and Policy
 |
|  |  |
|  | * + - 1. GEDSI Research
 |

 |
| **SERVICES TO BE PROVIDED***(Please put “check” mark on the applicable service type* |

|  |  |
| --- | --- |
|   | 1. Advisory, technical inputs on INKLUSI policy focus areas, thematic areas/ hubs, guiding strategies and documents, research and advocacy agenda.
 |
|  | 1. Analysis, articles, briefs to support INKLUSI communications and awareness raising efforts, knowledge management, Monitoring Evaluation Research Learning and Adaptation (MERLA), and program planning.
 |
|  | 1. Peer review of INKLUSI project/activity concepts, designs, outputs and reports.
 |
|  | 1. Capacity building for INKLUSI Partners, DFAT, GoI counterparts as appropriate.
 |
|  | 1. Advisory, technical inputs, capacity building to support GEDSI mainstreaming in national and local government planning, budgeting and monitoring processes (for GEDSI planning and policy)
 |
|  | 1. Advisory, technical inputs, capacity building to support GEDSI mainstreaming in research (for GEDSI research)
 |

 |
| **EXAMPLE OF WORKS**  | *[Provide a summary of works from previous experience relevant / similar with the focus area and type of service you are applying for and attach sample of written works with this application.]* 1.2. 3. |
| **A LIST OF REFERENCE**  | *[Provide names and contact details (email and phone number) of three (3) referees who might be contacted]:* 1.2. 3.  |
| **PROPOSED RATES/FEES** | Indicate daily rate / fee of consultant(s) as described on Annex.2. Financial Proposal  |
| **CURRICULUM VITAE & COMPANY PROFILE (if applicable)** | CV of consultant(s) as described below.* *Attach Company profile for organisation applicants or CV for individual applicant (max. 5 proposed consultants).*
* *CV of each consultant should be 5 pages maximum.*
 |

* *Please note that incomplete applications will not be considered. Only short-listed candidates will be contacted.*

Annex 3. Financial Proposal

1. **Salary / Contract History**

*Provide at least 3 latest references Project Client / Employer, Contract Value, Period of performance (from/to), Role in relation to undertaking the goods / services /works, and Reference Contact Details (Name, Phone, Email)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Project Title /****Employer** | **Description of Activities** | **Location** | **Client** **Name / Tel No****Email**  | **Total Contract value** | **The daily Rate (for Individual)** | **Start & end dates.** | **Completed on schedule?** **(Yes/No)** | **Type of Agreement: Subcontract, Grant, PO**  |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |

***Notes: Organization applicant MUST submit the salary history form of each proposed consultant using this table form.***

1. **Proposed Financial Rate**

**b.1.** **Personnel Fee / Rate Card**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name** | **Currency (AUD / IDR)**  | **Daily Rate** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**b.2.**  **Management Fee: ……………….%**

*(note: management fee is only applicable for organization applicants)*

**b.3.** **Terms & Conditions**

1. All rates should be inclusive of all taxes (withholding tax, VAT where applicable)
2. *[please describe other terms & conditions applied in this proposal]*

Signed on: [date]

By: [name]